MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

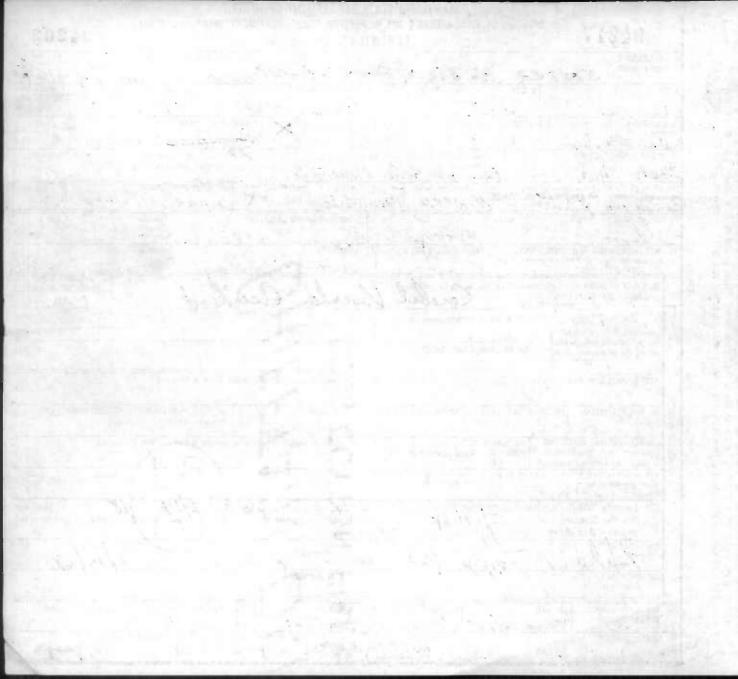
CERTIFICATE OF DEATH

04202

	CEASED-NAME First	Middle	1 00 1	4	20. DATE OF DEATH Manth Doy	Year 2b. HOUR					
(1)	5/57	ER ALBERIS	MON	ELZWENG!	11/arch 14	68 10 M					
. SEX		4. RACE	5	. DATE OF BIRTH	6. AGE (In years lost birthday)	1F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.					
F	emale	White		Chril 22189	19 77 YRS.						
o. B	RTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED	NEVER MARKIEU	COUNTY OF DEATH	The Market of					
man	ine City Michigan	4.8.4	MIDOWED		Jacom or K	World Mc					
0. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	STITUTION (If not		OCCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY					
	acto ma.	PROVINCIAL HO		ORRIOISVILLE (Yele	arous	none					
		ed lived, if institution: Residence before	13c. CITY OR T			111-116 7					
300	3 Se Cours Klause	- Motorino	MARRIOTS	01//6	TAR SCI.						
4. F	ATHER'S NAME First	Middle Lost	15.	MOTHER'S MAIDEN NAME. First	Middle	Lost					
11	WAS DECEASED EVER IN U.S. ARM	AED FORCES? 1766. SOCIAL SECURITY I	NO 117 INI	FORMANT LOL	Address						
		vor or dates of service)	NU. 17. INI	1. 10		itting of med					
	no			usler gr	Can Mari	APPROXIMATE INTERVAL					
	1B. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly ane cause per line far (a), (b), and (c).	1//	ala Ca	adit	BETWEEN ONSET AND OEATH					
		ATE CAUSE (a)	C VWS	man cu	ourse	11/1					
	406,7	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which gave inse to immediate cause (a),	(b)									
	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF									
	100	(c)	OT DELATED TO	THE TERMINAL DISEASE OF COA	IDITION CIVEN IN PART 1/a)						
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
TION	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	E FINDINGS CONSIDERED IN CERTIFYING					
CERTIFICATION				YES NO NO	CAUSES OF DEATH?						
Œ	21a. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY	21c. HOV	V INJURY OCCURRED (Enter n	ature of injury in Part 1 or Part 2, It	tem 18.)					
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth Day Year P.M. 19									
MED.	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAI		ATION Street or R.F.D. No.	City ar Tawn	County State					
	While Nat while at work	OFFICE BUILDING, ETC.	1								
	22a. I certify that (1) (th	is hospital) attended the deceos	ed from	ly , 1960	a, to 3/14, 196	, that (I) (we) las					
	sow the deceased a	live on 3/14/64	19, ond	that in (my) (our) apini	an death accurred on the do	le ond hour and from the					
		e, (I) (we) (dig) (did not) view the	body after de	eath.	T 00. 0	DATE CICUED C					
	226. SIGNATURE	1/10	DECOR	ATTENDING MED). STAFF	DATE SIGNED					
	and DUNCICIAN'S	1. John In	DEGRE	PHYS. DIRI	ECTOR L PHYS. L	1/0/60					
	22d. PHYSICIAN'S NAME (Type)			226. ADDRESS							
30	BURIAL, CREMATION, 23b.	DATE / 122, NAME OF	CEMETERY OR C	PEMATORY	23d. LOCATION (City or Town)	(Caunty) (State)					
	CREMOVAL (Specify)	arch 16/68 Carker		Cemetron	Balto m	(Sidile)					
24.	FUNERAL DIRECTOR	ADDRESS		25d, RECID. BY_	REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE					
	2.00	E 0.61. 66	0/ Tred	enchage MAT	120 1968 HCC	enter Judge					

2 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely titled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physicion.

VR ATS



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04203 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 1. DECEASED-NAME 20. DATE KNOWN Middle (Type or Print) EST1-OF K. C. BARTON DEATH MATED 4:15 Pog 4. RACE IF UNDER 24 HRS 3. SEX AGE (In years S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR M3. ond 19 68 5:15M colored Male March 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED [DIVORCED | Howard Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION CHARLES IN 120. USUAL OCCUPATION (Kind of work done ofter death 2b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Construction Ellicott City Wilson's Home with 1 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO Balto. 4800 W. Belvedere Ave. hours Item 1 lond2 after 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME Alsten Barton Essie Mae Jones poges hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within pencil (News give wer or dates of service) Mas Annie L Barton . New York City APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: Shot gun wound of the lung pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (o). This certificate should writing the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 00 removol nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 3 NO T the certificate, 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARYX OR CONTRIBUTING cremation, Subject shot during altercation 23 19 68 CAUSE OF DEATH 21d. INJURY OCCURRED 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.)
Friend's home age WHILE AT WORK AT WORK Page 11 Chester Rd. Ellicott City Howard 22a. I certify that I taak charge of the remains described above, held an Autapsy X. burial Inspection | Inquiry and in my apinian the funerol director. death resulted fram: Natural causes Accident Suicide Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL FUNERAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER March 24, 1968 Heolth **EXAMINER'S** NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 3/28/68 LONG ISLAND NATIONAL CEMETRY PINE LAWN 24. FUNERAL DIRECTOR ADDRESS ADOIPHUS HAIS TEAD 1206 W North Ave VR ATSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP 1. DECEASED-NAME First Middle Last 20. DATE KNOWN Year 8 (Type or Print) OF ESTI-Poge ALLEN THOMAS COLLINS 0 DEATH MATED ny deloy i IF UNDER 24 HRS 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED OFAO 2d HOUR 68 PMS 3-26-49 20 C M 18 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED form U.S. HOWARD WIDOWED [DIVORCEO [in Item 18. Give Pages State ofter death 10. CITY OR TOWN OF OEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office olong with INDUSTRY CONSTR give street oddress) Twin Rivers Rd during most of working life, even if retired.) lond 2 with the COLUMBIA lahomer deoth. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Carroll odmission) STATE Sykesville YES NO RFD 3 Box 267 hours ofter 14. FATHER'S NAME First Middle 15. MOTHER'S MAIOEN NAME First Middle Last forworded to the Chief Medical Examiner's pages hours ADDRESS pencil be executed within (Yes, no, og unknown) Kesvil File APPROXIMATE INTERVAL .= within 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c). buriol-transit permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending instant IMMEDIATE CAUSE (0) Crushing of abdomen and chest event OUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a). SICAL EXAMINER: This certificate should writing the word OUE TO. OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 05 removal. be used 190. OATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES 🗍 NO X Page 4 should be 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 7 PM 3 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 0 MEDICAL PRIMARY GOR CONTRIBUTING loader ran into back of auto may be retoined far your files. FUNERAL DIRECTOR: Page 3 shoul cremation, CAUSE OF DEATH turned over on him. 21d. INJURY OCCURREO 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) WHILE AT WORK AT WORK on street Twin Rivers Rd Columbia Md. Howard 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 🕝 Inquiry ond in my opinion the funeral director. Accident T Suicide . death resulted from: Natural causes Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 3-20-68 **OEPUTY MEDICAL EXAMINER** 5 may | O FUNE George E. Burgtorf M.D. ADDRESS(Street, city, town, or county) Ellicott City Md. 23o: BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CEASED-NAME	First		Middle		Last		2a. DATE OF		V	2b. ł	HOUR
(1	γpe ar print) 2	ANNA	M.	FUCH	IS			March	Manth 8, Da	1968°		M
3. SE			4. RACE			S. DATE OF BIR			6. AGE (In years	IF UNDER 1 YEAR MONTHS CIAYS	IF UNDER	24 HRS.
	Female		W	hite		9-23-	1881		last birthday) YRS.	MONTHS ONTS	Huoks	MIN
a. E	BIRTHPLACE (Stote or for	reign 7	b. CITIZEN OF WHA	AT COUNTRY?		NEVER MARR	IED _	9. COUNTY OF	DEATH			
COOK	Maryland		U.S.		WIDOWED		-	Howa				Md
10. C	ITY OR TOWN OF DEATH		11. NA	ME OF HOSPITAL OR INS	TITUTION (If n	at in haspital			(Kind of work done life, even if retired.)	12b. KIND OF	BUSINESS	OR
_	Elkridge		give st			Street		Housew	ife	MOOSIKI		
	USUAL RESIDENCE (Whe ission) STATE	re deceosed	lived, if institution 13b. COUNTY	an: Residence befare	13c. CITY OR		3d. INSIDE CITY LIF	_	REET AND NUMBER			
	Ma:	ryland	d H	oward	Elkri	uge			10 Main St	reet	212	:27
14. F	FATHER'S NAME Fire		Middle	Lost	15	. MOTHER'S MAI	IDEN NAME FI	irst	Middle		Last	
	Howard		Talbott			NEOD MAN	Kate	Ray				
	(es, na, ar unknawn)		or dates of senural	16b. SOCIAL SECURITY N		NFORMANT			Address			
				214-54-752		rs. Ros	alie C	Layton	, 5710 Mai	n Stree	MATE INTERV	VAI
	1B. CAUSE OF DEATH PART I. DEATH W	(Enter only	ane cause per line	e for (a), (b), and (c).)	- 1	B 0 11	2/	1115	06/11/201		DNSET AND D	
	1/100		CAUSE (a)	NYO	CN.	RUIN	1	1/1/1	187 0/1/14	2	4 50	0
	4107		DUE TO, OR AS	A CONSEQUENCE OF	F10	1175	0 1	0-154	11001 50	75 /2		
	Conditions, if any, which gave rise to immediate couse (a). (b) GENERALIZED ARTERISCLEMES B											
	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF											
	_	CANT COND	(t)	INC TO DEATH BUT NO	T DELATED TO	TUE TERMINAL	DICTACE ORG	ONDITION CIVE	V IN DART 1/a)			
	PART 2. OTHER SIGNIFI	CANT COND	ILIONS CONTRIBUT	ING TO DEATH BUT NO	I KELAIED IC	THE TERMINAL	DISEASE OKU	UNUITION GIVE	TIN PART 1(0)			
NS.	19a. DATE OF OPERATION	J 195 CO	NDITION FOR WHI	CH OPERATION WAS PER	FORMED	20g. AUTOP	CY2	20h IF	YES, WERE FINDINGS	CONSIDERED IN C	FRTIFYING	3
CERTIFICATION	Tra. DAIL OF OFERALIO	175.00	MOMORTOR MIN	CIT OF EXAMINING WAS I'ER	JORINED	YES 🗀	NO 🗆		OF DEATH?	CONSIDERED III C	LKIII IIIV	TE.
CERT	21a. ACCIDENT WAS U	NDERLYING	21b. TIME OF	INJURY	21c. H0			nature of iniu	ry in Part 1 or Port 2,	Item 18.)		7.1
	OR CONTRIBUTING CA	USE OF DEATH	HOUR A.M.	Month Doy Year			The Lambe	maroro ar mijo	,	,		
MEDICAL	(If either, notify medic 21d. INJURY OCCURRED	21e. Pl	r) P.M. LACE OF INJURY 1	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LC	CATION Street	or R.F.D. No.	City	or Town	County	S	tate
	While Not while		(OFFICE BUILDING, ETC.	/			,				
- 19	22a. I certify tha	t (I) (this	hasnital), atte	nded the decease	d from	FI	19.6	29. ta	8 morening	LE tha	(I) (va	F) Ins
	saw the dece	eased aliv	re an X	name	96 %, and	d that in (my			occurred an the d			
		d abave,	(I) (we) (did) (did not) view the b	oady after o	death.					1	
	22b. SIGNATURE	,	14		. 1/	ATTENDING		ED.	STAFF -	DATE SIGNED	11/	6
	Sur	no	2.1.	rateau	DEGR	11113:	-	IRECTOR L	PHYS.	1///	~00	
	22d. PHYSICIAN'S NAME (Type)	or. G	eorge E	. Groleau	,	22e. ADDR		fain St	reet, Elkr	idae N	ia rv 1	and
,				23c. NAME OF C			2000 F		ON (City or Tawn)			
	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DA	1-1968				0.3017			(County)	(State	'
	FUNERAL DIRECTOR	13-1.	T-1200	St. Augu	stine		2Sa. REC'D B'		idge, Howa		ity,	MG.
	oward H. H	ubbar	d. 4107		76. 2		DATE MA			iarla Q		
41	CHANG TTO IT	ーレンしゅん	W TTU/	ATTIVITIES TO		1661	DAIL BES	UII	Della H	War Port Bart V	TO SHARE	400

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 4 should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled if by the burial director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. filled 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withly Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

0423

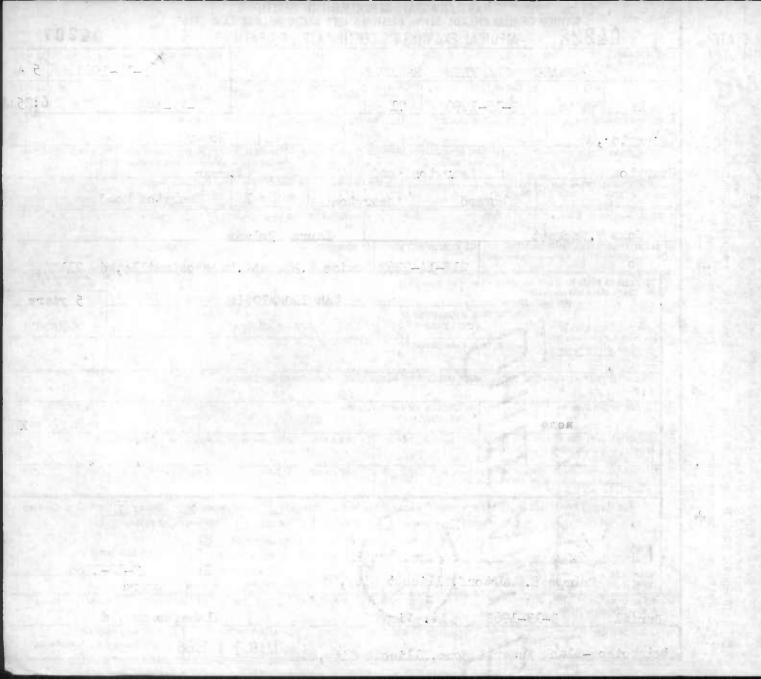
1.	a. COUNTY	1.				a. STATE		CDUNTY	SIGGING DEIDLE ROULSSION)		
		Howard		MAF	YLAND	a. SIATE Md			ward		
		N (If outside corporate and give nearest town licott City	e limits, i)	c. LENGTH DF ST	AY IN 1b		outside corporate ilmi	s, write RURAL	and give nearest town)		
	d. NAME OF HOS	SPITAL OR INSTITUTION	(if not In	hospital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE DN A FARM?		
		uthview Rd.				148 Southview Rd. YES NO E					
3.	NAME OF DECEASED	Flr	st	Middle		Last	OF	Month	Day Year		
	(Type or print)	Annie		R.	Gall	OWAY		ch 5, 19			
5.	SEX	6. COLDR OR RACE	7. MARRIE	D NEVER MARRI	ED 🗌	B. DATE DE BIRTH	9. AGE (In y		YEAR IF UNDER 24 HRS. Days Hours Min.		
-]	Pemale	White	WIDDWE	DIVORC	ED .	Aug. 2,1884	0.7	rs.			
10a dur	ing most of work	IDN (Give kind of work of life, even if retired	one 10b.	KIND DF BUSINESS (INDUSTRY	OR		unty & State, or foreign c	CD	TIZEN OF WHAT UNTRY?		
12	House Wi					Balto. Mo		U	. S. A.		
13.											
		Gohan				Mary Mc					
		EVER IN U.S. ARMED FDI (If yes give war or dates of		6. SOCIAL SECURITY	10. 17.	INFORMANT HOW	ard Co. Md.	ddress			
	No		2	14-01-0218	Mr	s. Grace A.	Becraft 148	Southvie	r Rd.		
	18. CAUSE OF	DEATH [Enter only one	cause per	line for (a), (b), and	(c).]	,			INTERVAL BETWEEN DNSET AND DEATH		
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	walor.	Ow	est			5min.		
	440	9 DUE		2 0	- 0	- 0	1	-00	0 0		
	Conditions, If	any which I	(b)	Jeubrala	ed (Henocky	ous will be	welly	-gear		
	gave rise to	immediate (0		
	cause (a), si underlying caus	tating the	(c)								
CERTIFICATION	PART II. OTHER S			BUTING TO DEATH BU	TNDTRELA	TED TO THE TERMINAL D	ISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?		
E.	2Da. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW IN	URY OCCU	RRED. (Enter nature of	injury in Part I or Par	t II of Item 18.)		
	OR CONTRIBUTION (IF EITHER, NO	ING CAUSE OF DEAT TIFY MEDICAL EXAMIN	H ER)								
MEDICAL	20c. TIME DF Hour a.r p.i		ear 20d. Whi at wo			CE DF INJURY (Home, fa ry, street, office bldg., e		vn) (Cou	nty) (State)		
	21. I certif	y that (I) (this hosp	ital) atter	ded the deceased	from	June 1 3, 19	36 to 3-	6_, 19.6	that (I) (we) last		
	saw the de	ceased alive on	3-1	196	and tha	death occurred at	M, from the ca		ne date stated above.		
	22a. SIGNATU	RE .	2			ATTENDING \	AFD STAFF	22b. D	ATE SIGNED		
	1150	ellen F-	Lear	205	M.E	PHYS.	MED. STAFF DIRECTOR PHYS.	0 3	6-68		
	22c. PHYSICIA NAME (T		mhi	FEAR 1	NG	3025/	relaci R	50 d -			
238	REMDVAL_(SD	ecify)				DR CREMATORY	23d. LOCATION (C	Ity, town or cou	inty) (State)		
_	Burial	March 8	,1968	Loudon P	ark C	em.	Balto Md	h DECISTOAD	S SIGNATURE		
24	G. Traimer	ector n Schwab 351	2 Francis	ADDRESS	Pol +		8 1968	Jeliane			
	A S TT COMPAN	T SOTTHER JUL	C LIGO	TOTTON WAS!	Dar e	De Tage Differ /1/	0 .000	/			

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2-1	3-2	9-68 mfilm	MARYLA ON OF VITAL RECORDS	ND STATE DE	PARTMENT (OF HEALTH ALTIMORE, MARY	LAND 21201			
FOR STATE		04222				TE OF DEATH		0420	7	
HEALTH DEPT.		SED-NAME Fi or Print) EDWA	RD FRANKLIN	Middle HACKET	Last		2a. DATE KNOWN Month OF ESTI- DEATH MATED 3-11	Day Year	2b. HOUR	
oy i	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In year	-	AR IF UNDER 24 HRS	2c. DATE PRONOUNCED DEAD		2d. HOUR	
del M3 M3		le White	9-15-1896	last birthday	MONTHS DAY	YS HOURS MIN.	Month 3-11-1968	Yeor 19	6:25	
oth any ooth ooth ooth ooth ooth ooth ooth oot		HPLACE (State or foreign	7b. CITIZEN OF WHAT COUN		MARRIED NEVER	MARRIED (X) 9. COL	Howard		M	
Give Poges arong with the Stote eath.	IO. CITY	OR TOWN OF DEATH	TI. NAME OF HOSPITAL OR INSTITUTION BY Street address) RESIDENCE (Where deceased lived, if institution: Residence before 13c. COLINY NAME First Middle Last Ohn T. Hackett CEASED EVER IN U.S. ARMED FORCES? OUR OF THE COLOR OF THE STREET	ress)		during most o	CUPATION (Kind of wark dane f working life, even if retired.)			
		JAL RESIDENCE (Where dece sian) STATE	ased lived, if institution: Res	idence before 13c. C		13d. INSIDE CITY LIMITS? YES NO NO	13e. STREET AND NUMBER Henryton Re	oad		
I hours Office I and A	14. FATH	ER'S NAME First				MAIDEN NAME First	Middle	Las	st	
24 h in Ith r's O r's Ol		John T. Hacke	tt		La	ura Holma	n	2.1116		
hin 24 ncil in niner's pages hours		DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOC	IAL SECURITY NO.	17. INFORMANT		ADDRESS	VOIL DO		
executed within inding" in pencil Medical Examine permit. File pag nt within 72 hou	(1.05,1	No	211	3-14-2269	Louise]	R. Hackett.	Marri ottsville	Md 2110		
ted " in al Example in thin thin	18	CAUSE OF DEATH (Enter	anly ane cause per line for (a)), (b), and (c).)				APPROXIMATE BETWEEN ONSE		
executed nding" ir Medical I permit.			DIATE CAUSE (o)		CAR	CINOMATOSI:	3	5 yr	ers	
be executed "pending" in nief Medical E onsit permit. F event within	6	naitions, if ony, which gave	DUE TO, OR AS A CO	nsequence of noma of	right fo	orehead		5 v	ears	
ould b	ris	e ta immediate cause (a) iting the underlying couse	(b)		0 - 1					
certificate should be e writing the word "per inwarded to the Chief I used os o burial-tronsit novol, ond in any even	las)					4447		
ertificate sh writing the rwarded to t sed os o bur novol, ond in	PAR	T 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELAT	ED TO THE TERMINA	AL DISEASE OR CONDITION	ON GIVEN IN PART 1(a)			
fico ting rdec os os, o	2/	9/3								
This certificate, writing to forward be used or removol,	CERTIFICATION 1361	. DATE OF OPERATION		IDITION FOR WHICH (OPERATION		RIE TO STATE	20. AUTOPS	Υ?	
This crate, be for the unit of	RTIFI	Ros			12.			YES [NO 🔣	
- in	₹ PR	D. EXTERNAL CAUSE WAS CIMARY () OR CONTRIBUTING AUSE OF DEATH	21b. TIME OF INJURY M HOUR A.M. P.M.	onth, Day, Year	21c. HOW INJURY	Y OCCURRED (Enter natu	re af injury in Port 1 ar Part 2, I	Item 18.)		
M + + + + W		. INJURY OCCURRED 216 WHILE NOT WHILE T WORK AT WORK	PLACE OF INJURY (At home, factory, office building, etc.)	farm, street,	21f. LOCATION Str	reet ar R.F.D. Na.	City ar Town	County	State	
ICAL EXA execute for. Page ad for you CTOR: Pog burial, cre		22a. I certify that	took charge of the remo	ins described ab	ove, held an A	lutopsy , Ins	spection X, Inquiry	and in m	ny opinion	
e e e e e e e e e e e e e e e e e e e		death resulted from:	Natural couses 🕱	Accident	, Suicide		Undetermined monner			
y, pleose e; yol director. e retoined (AL DIRECTO prior to bur		1	6/	1 +	-/	CHIEF MEDICAL EXAMIN	ER 🗌			
ry, p erol be re RAL prio		CTUAL GNATURE	rge to b	urgle		ASSISTANT MEDICAL EXA				
EPUTY SSORY, p funerol oy be re INERAL ITH prio		KAMINER'S	E.Burgtorf,	Ellicott		DEPUTY MEDICAL EXAMI ADDRESS(Street, city, to		2-1968		
TO DEPUTY necessory, the funero 5 moy be TO FUNERA Heolth pr				3c. NAME OF CEMETI			22017602 04	If auntal 11	[4-4-1	
1	RE	MOMAL (Charles)	-13-1968	Mt. View	NI OK CKEMATOK	23d.	LOCATION (City or Town) Alpha, Howard,	,	State)	
and		ERAL DIRECTOR	-1)-1/00	ADDRESS		2Sa. REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S	SIGNATURE		
VR A15ME (5)	Higi	nhothom_Slac	k Funeral Hor	a Fllton	4 0:4- 1	DATE MAR 1	4 1968 yello		pla .	
V	-	THE LABOR.	A THE TAIL GO		ob Willy		- 11			



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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04168

1 0											
	DECEASED-NAME Fire	1	Middle	1	Last	2a. DA	TE OF DEATH	Day) Vons	2b. HOL	
	1194	ley	L.	[7	199195	M	arch Month	1	1968	3:001	
3. SE	SEX	4. RACE			5. DATE OF BIRTH		6. AGE (In year	ors IF	UNDER 1 YEAR NTHS DAYS	HOURS 1	
	male		aus.		Oct. 16,		last birthday	YRS.			
	BIRTHPLACE (Stote or foreign		OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		Y OF DEATH	330			
	maryland	USA		WIDOWED			ariord/ H		Coun	ıty	
E	CITY OR TOWN OF DEATH			Nursin			TION (Kind of work king life, even if ret ET		12b. KIND OF INDUSTRY OWN 1		
13a. adm	. USUAL RESIDENCE (Where decenission) STATE Maryl:	osed lived, if in 13b. COUR and A	nstitution: Residence before NTY nne Arundel	13c. CITY OR Odent	VECE		e. STREET AND NUME		re.		
14.	FATHER'S NAME First	Mid	dle Lost	15	S. MOTHER'S MAIDEN N	AME First	Mic	ddle		Lost	
	Joshu	a L.	Higgins	3		Mary					
	. WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECURITY	'NO. 17. I	INFORMANT		Add	lress		X	
	no no	- Hall of 00162 01 30111	213-22-1	491 Mr	s. Charles	M. Fle	etwood -	same	as #1	3 abo	
	18. CAUSE OF DEATH (Enter	only one cause	per line far (a), (b), and (c).)	A			1517	APPROXI BETWEEN (IMATE INTERVAL ONSET AND GEA	
	PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	Cerebral	11990	4ler 0	CC/45/0	24		40	Vacas	
	4129		OR AS A CONSEQUENCE OF							t	
	(conditions, if ony, which gave) Antrin & Comba Canda Vaguelan Disease Gypera										
	rise to immediate couse (a) stating the underlying cause		OR AS A CONSEQUENCE OF	~	1 3 1 - 123		100		1		
	I signified the outdertailed room										
	lost.	(c)		20.17							
	PART 2. OTHER SIGNIFICANT C	(c)	TRIBUTING TO DEATH BUT I		O THE TERMINAL DISEAS	SE OR CONDITION	GIVEN IN PART 1(a)				
7	PART 2. OTHER SIGNIFICANT C	(c)	TRIBUTING TO DEATH BUT I		O THE TERMINAL DISEA:	GE OR CONDITION	GIVEN IN PART 1(a)				
ATION	PART 2. OTHER SIGNIFICANT C	onditions <u>con</u>	TRIBUTING TO DEATH BUT I	NOT RELATED TO	O THE TERMINAL DISEA:	20	Ob. IF YES, WERE FINE	DINGS CONS	IDERED IN C	ERTIFYING	
TIFICATION	PART 2. OTHER SIGNIFICANT C	onditions <u>con</u>		NOT RELATED TO	20a. AUTOPSY?	20		DINGS CONS	SIDERED IN C	ERTIFYING	
CERTIFICATION	PART 2. OTHER SIGNIFICANT C	onditions cont b. condition fo	OR WHICH OPERATION WAS P	NOT RELATED TO	20a. AUTOPSY?	NO [] 20	Db. IF YES, WERE FINE AUSES OF DEATH?			ERTIFYING	
_	PART 2. OTHER SIGNIFICANT C	onditions con b. condition fo fing 21b. The	OR WHICH OPERATION WAS P ME OF INJURY A.M. Manth Day Yea	NOT RELATED TO	20a. AUTOPSY?	NO [] 20	Db. IF YES, WERE FINE AUSES OF DEATH?			CERTIFYING	
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT C 19a. DATE OF OPERATION 19 21o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI (If either, natify medical exart 21d. INJURY OCCURRED 21 While Nat while 1	onditions con b. condition fo fing 21b. The	OR WHICH OPERATION WAS P ME OF INJURY A.M. Manth Day Yea P.M.	ERFORMED 21c. Ho	20a. AUTOPSY?	NO C	Db. IF YES, WERE FINE AUSES OF DEATH?	Part 2, Item		ERTIFYING	
_	PART 2. OTHER SIGNIFICANT C	(c) ONDITIONS CON b. CONDITION FO VING EATH HOUR miner) e. PLACE OF INJ	ME OF INJURY A.M. Manth Day Year P.M. URY (AT HOME, FARM, STREET, FI OFFICE BUILDING, ETC.	ERFORMED 21c. Ho	20g. AUTOPSY? YES OW INJURY OCCURRED DICATION Street or R.F.	NO CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	Ob. IF YES, WERE FINE AUSES OF DEATH? injury in Part 1 or I	Part 2, Item	n 18.) Caunty	Str	
_	PART 2. OTHER SIGNIFICANT C 19a. DATE OF OPERATION 19 21o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI (If either, notify medical exar 21d. INJURY OCCURRED While Nat while at wark at work 22a. I certify tha saw the deceased causes stated abar	(c) ONDITIONS CON b. CONDITION FO VING EATH HOUR miner) e. PLACE OF INJ	ME OF INJURY A.M. Manth Day Year P.M. URY (AT HOME, FARM, STREET, FI OFFICE BUILDING, ETC.	ERFORMED 21c. Ho	20g. AUTOPSY? YES OW INJURY OCCURRED DICATION Street or R.F.	NO CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	Ob. IF YES, WERE FINE AUSES OF DEATH? injury in Part 1 or I	Part 2, Item	n 18.) Caunty	Sto	
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MEDICAL	PART 2. OTHER SIGNIFICANT C 19a. DATE OF OPERATION 19 21o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI (If either, natify medical exart 21d. INJURY OCCURRED While Not while to twark at work 22a. I certify that (I) (1) saw the deceased causes stated abart 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) The 10 BURIAL, CREMATION, 23b	b. CONDITIONS CON b. CONDITION FO VING EATH HOUR ine. PLACE OF INJ alive an ve, (1) (we) (ME OF INJURY A.M. Manth Day Year P.M. URY (AT HOME, FARM, STREET, F. gttended the decease did)(did nat) view the	ERFORMED 21c. Ho	20a. AUTOPSY? YES OW INJURY OCCURRED DOCATION Street or R.F. d that in (my) (audeath. ATTENDING PHYS. 22e. ADDRESS, 444	(Enter nature of Control of Contr	Ob. IF YES, WERE FINE AUSES OF DEATH? Injury in Part 1 or I City or Town 3-/ ath accurred an 1	, 19 6 the date	Taunty S, that	Sto	
MEDICAL	PART 2. OTHER SIGNIFICANT COMPACT CONTRIBUTING CAUSE OF DIFFERENCE OF DETAIL OF CAUSE OF DIFFERENCE OF DETAILS OF DE	b. CONDITIONS CON b. CONDITION FO FING FEATH HOUR FINE FINE	ME OF INJURY A.M. Manth Day Year P.M. URY (AT HOME, FARM, STREET, F. gttended the decease did)(did nat) view the	ERFORMED 21c. Ho 19 21f. Lo sed fram 19 8. an 19 body after CEMETERY OR	20a. AUTOPSY? YES OW INJURY OCCURRED DOCATION Street or R.F. CATION Street or R.F. ATTENDING PHYS. 22e. ADDRESS, CREMATORY CREMATORY OPIAL COMM.	(Enter nature of Control of Contr	Ob. IF YES, WERE FINE AUSES OF DEATH? Injury in Part 1 or I City or Town 3-/ ath accurred an 1 STAFF PHYS. ATION (City or Town	Part 2, Item	County County County	SI (We and fra	

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ofter death.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 29 hours

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OZNE			CERTIFIC	ATE OF DEAT	Н		19	4500
DECEASED-NAME (Type or print)	First JACKSON	E.	Middle HUMPHREYS	Last	2a. DATE OF March	Manth 17, Da	1968	2b. HOUR
SEX	4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HR

	pe or print)	JACK	SON E.	HUME	HREYS	5		arch	Manth 17, Da	1968		M
3. SE	(4. RACE			S. DATE OF BIRTH		100	6. AGE (In years	IF UNDER 1 YEA	- 1	ER 24 HRS.
	Male		W	hite		July 7	, 1929	9	loss birthday) YRS.	MONTHS DA	YS HOURS	MIN.
7o. B	RTHPLACE (Stote or f		7b. CITIZEN OF WE		8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED		UNTY OF Iowar				Md
	TY OR TOWN OF DEA		give s	ME OF HOSPITAL OR IN: treet address) d Montgome	,	du		warking	(Kind of work done life, even if retired.)	12b. KIND INDUSTRY	OF BUSINE	SS OR
	TATE (noise	ere deceos rylan	ed lived, if instituti	on: Residence befare Howard	13c. CITY		DE CITY LIMITS?		REET AND NUMBER Ld Montgom	ery Ro	ad	
14. F		irst	Middle	Last		15. MOTHER'S MAIDEN I	NAME First		Middle		Las	
	Willi	am	A. Hump	hreys		Gen	eva 1	4.	Horstman			1,797
160.	WAS DECEASED EVER	IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURITY		7. INFORMANT		Trans.	Address			
Y	s, na, ar unknawn) es	Kor	ean	216-24-13	367	Mrs. Doris	E. Hu	ımphı	eys, 01d l			
	18. CAUSE OF DEAT	H (Enter on	ly ane couse per lir	e for (o), (b), gnd (c).	.)	1		1	1		OXIMATE INT	
	PART I. DEATH V	WAS CAUSED	D BY:	Car	cin	omolose	0 7	10	Jung	1.	ys.	
1000	PART I. DEATH WAS CAUSED BY: Solution										. ry	
Z	PART 2. OTHER SIGN	FICANT CON	(c) NDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEA	SE OR CONDI	TION GIVE	N IN PART 1(a)			
CERTIFICATION	190. DATE OF OPERATION	ON 19b.	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	NO 🗌		YES, WERE FINDINGS (S OF DEATH?	CONSIDERED II	N CERTIFYI	NG
AL	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	CAUSE OF DEAT	HOUR A.M. ner) P.M.	Month Day Year	9	HOW INJURY OCCURRED		ire of inju	ry in Part 1 or Port 2,	Item 18.)		
~	21d. INJURY OCCURR While Nat while at wark					LOCATION Street or R.			or Town	County		State
	saw the de	ceased o	live on man	ended the deceos (did not) view the	14 CX .4	ind that in (my) (or	, 19 <u>6/</u> ur) opinion	, to <u>//3</u> death	accurred on the d	ote and ho		
3	22b. SIGNATURE	ulo	V. J	Joso	M /01	GREE PHYS.	MED. DIRECT	OR 🗆	CTAFF	DATE SIGNED	268	2
,	22d. PHYSICIAN'S NAME (Type)	Dr.	Ro1ando	V. Goco		22e. ADDRESS 7	04 G	rmar	ı La	urel,	Mary	land
230	BURIAL CREMATION	23b.	DATE	23c. NAME OF	CEMETERY	OR CREMATORY	230	LOCATIO	ON (City or Town)	(County)	(Sto	te)

21229

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use os the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter feather. VR A15 (4) 30M REV. 1768

REMOVAL (Specify)
BURIAL Lakeview Mem. Park ADDRESS FUNERAL DIRECTOR Howard H. Hubbard, 4197 Wilkens Ave.

3-20-1968

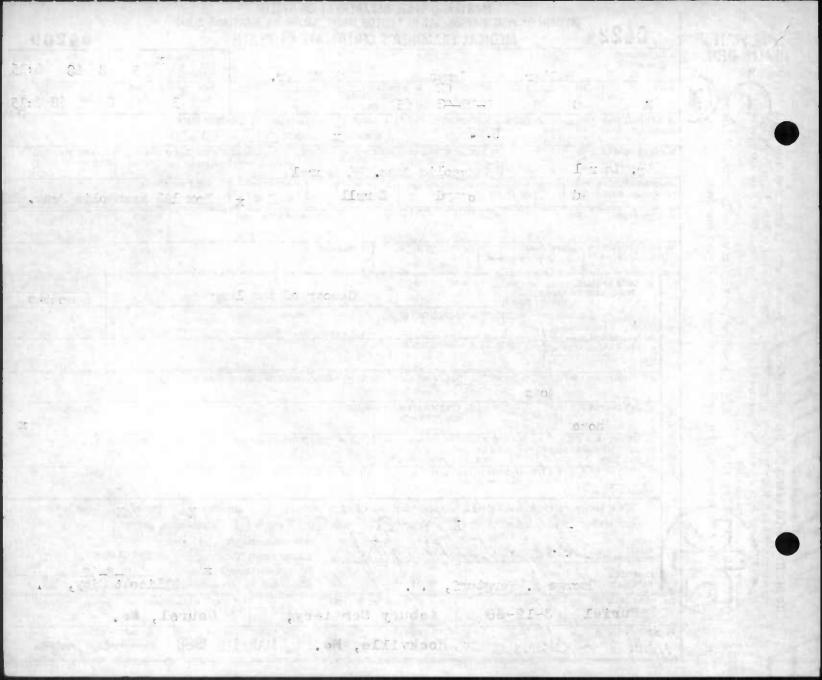
Cem. 25a. REC'D BY REGISTRAR DATMAR 2 2 1968

Carroll County, Maryland 25b. REGISTRAR'S SIGNATURE

J.C. ... In ... In ... 123-) 3. 45 3010 F TEST TO STATE OF THE STATE OF T 7. T. Jac. 17. 70. C. 3. 3. ¿ Z 3. 4 3 -3 , 0 7 -7 - 23

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04209 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a, DATE KNOWN 2b. HOUR Month Day Yeor (Type or Print) ESTI-3 68. jo Walter DEATH MATED delay 4 RACE 6. AGE (in years IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 Month 2 19 68 6:15 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH De country) U.S. WIDOWED T DIVORCED [HOWARD State 8. Give Pages 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 24 hours ofter death 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office olong with give street oddress) during most of working life, even if retired.) INDUSTRY Nr. Laurel Annapolis June. Rd Laurel 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Howard Langall Box 142 Annapolis June. Rd YES NO -Item] lond 2 after 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME Middle the Chief Medical Examiner's pages hours = 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS within pencil (Yes. no. or unknown) (If yes give war or dates of service) File APPROXIMATE INTERVAL .= be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cancer of the lung pending 6 months IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise ta immediate cause (a), This certificate should the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying cause .⊑ forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing 1 05 none removol, CERTIFICATION be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, hone NO IX should be 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK far 22a. I certify that I taak charge af the remains described above, held an Autapsy , Inspection 7 Inquiry Ty and in my opinion the funeral directar. Natural causes X Suicide , death resulted from: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE = O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) George E. Burgtorf, M.D. ADDRESS(Street, city, town, or county) Ellicott City. 0 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOTON Speed by 1 3-12-68 Asbury Cemetery. Laurel, Me. ADDRESS 2Sa. REC'D BY REGISTRAR 24 HUNFRAD DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Rockville, Md. 1968 Charles Joseph

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04225 CERTIFICATE OF DEATH

04210

1. D	ECEASED-NAME	First		Middle		Last		2g. DATE OF	DEATH	CHAIL SAN	2b. HOUR
(1	Type or print)	RALPH		W.	SMIT	TH, SR.		March	Manth 30	⁰ 1968 ear	N
3. SE	Male		4. RACE	hite	S	12-14-1			6. AGE (In years last birthday) 66 YRS	MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN
7a. [BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WE		MARRIED Z	NEVER MARRIE		COUNTY OF			
	ntry) Mary 1	and	U.S.A	•	WIDOWED [DIVORCE		Howard			Mo
	CITY OR TOWN OF Ellicott			AME OF HOSPITAL OR INSTI treet oddress) 5 Elko D1		in hospitol en Mar			(Kind of work done life, even if retired.)		F BUSINESS OR
130.	USUAL RESIDENCE	(Where deceos	ed lived, if institut	on: Residence before			INSIDE CITY LIM	IITS? 13e. STI	REET AND NUMBER		
dum	issian) STATE	Marylan	d 13b. COUNTY	oward F	Ellicot	t City	S NO	□ 5	Elko Driv	e, Glen	Mar
14. 1	FATHER'S NAME Geo	First orge	Middle G. Smit	Last h	15.	MOTHER'S MAIDE Ar	N NAME Fir		Middle		Lost
	WAS DECEASED E	VER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURITY NO	. 17. INF	ORMANT		1011	Address		21043
Y	es, no, ar unknawr	1) (If yes give w	var or dates of service)	213-34-996	6 Mrs	. Mary	T. Sm	ith, 5	Elko Dr.	Ellico	
	Conditions, if an rise to immedia stating the und last.	y, which gave attended to the cause (a), erlying cause	D BY: ATE CAUSE (a) DUE TO, OR A (b) DUE TO, OR A (c)	is A CONSEQUENCE OF TING TO DEATH BUT NOT	la	THE TERMINAL DI	SEASE OR CO	ONDITION GIVEN	N IN PART 1(0)		CIMATE INTERVAL ONSET AND DEATH
TIFICATION	19a. DATE OF OPE	RATION 19b.	ICH OPERATION WAS PERF	PERFORMED 20a. AUTOPSY? YES NO D			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
MEDICAL CERTIFICATION	21a. ACCIDENT V DR CONTRIBUTING (If either, notify	medical exami	HOUR A.M. P.M.	Month Doy Year 19				nature af inju	ry in Part 1 ar Port 2	, Item 18.)	
×	21d. INJURY OCC While Not w at wark ot w	CURRED 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	21f. LOC	ATION Street a	r R.F.D. No.	City	or Town	County	State
	saw the	deceased a	live an office	ended the deceased 194 (did not) view the bo	and and	that in (my)	, 19 & (our) apin	ian death o	accurred on the d	9 , tha late and haur	t (I) (we) las
	226. SIGNATURE ATTENDING MED. STAFF PHYS. 22c. DATE SIGNED STAFF PHYS. 22c. DATE SIGNED STAFF PHYS. 22c. DATE SIGNED STAFF PHYS.										
	22d. PHYSICIAN'S NAME (Type	Dr. B	ruce Bru	nbaugh	100	22e. ADDRES 560		n Stre	et, Elkri	dge, Mai	ryland
23o. B	BURIAL, CREMATI	4	DATE 3-1968	23c. NAME OF CE		REMATORY		23d. LOCATIO	on (City or Town)	(County)	(Stote)
	FUNERAL DIRECTO	R		ADDRESS		25	a. REC'D BY	REGISTRAR	25b. REGISTRAR	S SIGNATURE	usign
пО	ward H.	Hubbar	d, 4107 1	Wilkens Ave	. 21	1229 D	ATE API	K 4 -	1000	0	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afte **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papels should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 720. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 30M REV. 1/68

